Attorney D	Oocket No.	

## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that

My residence, post office addre	ss and citizenship are as state	ed below next to my name.	
I believe I am the original, first a (if plural names are listed below tion entitled: A SOLE FOR MOULDING.	and sole inventor (if only one in which subject matter which SHOES INCLUDING TR	name is listed below) or an origir is claimed and for which a pater ANSPIRATION SIDE VAL	nal, first and joint inventont is sought on the inventouves FORMED BY
the specification of which: (che	ck one)		
	REGULAR OR DESIG	SN APPLICATION	•
is attached hereto.	,		
was filed on	as applica	tion Serial No.	
	(if		
	T FILED APPLICATION ENT	•	
was described and cla	aimed in International applicati	on No. <u>PCT/IT03/00398</u>	
		ended on	
ciaims, as amended by any ame	endment referred to above.	tents of the above-identified spinal to patentability as defined in T	
hereby claim foreign priority be cate listed below and have also ng date before that of the applic	identified below any foreign a		tent or inventor's certifis s certificate having a fil-
Country	Application	Date of Filing	Priority
ITALY	Number	(day, month, year)	Claimed
	RM2002A000363	05/JULY/2002	YES
hereby claim the benefit under ion(s) listed below:	Fitle 35, United States Code §	119(e) of any United States prov	risional patent applica-
Application No.	Filing Date	Status (patented, p	ending abandoned)
Complete this part only if this is	a continuing application.)		
rovided by the first paragraph of	of this application is not disclo of 35 USC 112, I acknowledg 7 Code of Federal Regulations	ates application(s) listed below a sed in the prior United States ap le the duty to disclose informati s §1.56 which became available ng date of this application:	plication in the manner
pplication No.	Filing Date	Status (patented, pe	ending abandoned)

	Docket No.	
--	------------	--

## POWER OF ATTORNEY

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from STUDIO FERRARIO as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

As a named inventor, I hereby appoint the registered patent attorneys represented by Customer No. 000466 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, including: Robert J. PATCH, Reg. No. 17,355, Andrew J. PATCH, Reg. No. 32,925, Robert F. HARGEST, Reg. No. 25,590, Benoît CASTEL, Reg. No. 35,041, Thomas W. PERKINS, Reg. No. 33,027, Roland E. LONG, Jr., Reg. No. 41,949, and Eric JENSEN, Reg. No. 37,855,

c/o YOUNG & THOMPSON Second Floor 745 South 23<sup>rd</sup> Street Arlington, Virginia 22202



PATENT TRADEMARK OFFICE

Address all telephone calls to Young & Thompson at 703/521-2297. Telefax: 703/685-0573.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: _SQUADRO	NI Onifares Elpidio
Inventor's signature: Onifares Elpidio	SQUADRON 1 Date /6/12/20074
Residence: <u>Via Vela, 99 I-62012 C</u> Marche (MC) - ITALY  Post Office Address: <u>Via Vela, 99 I-6</u>	ivitanova Citizenship:
Full name of second joint inventor, if any:	
Inventor's signature:	
Residence:	
Post Office Address:	
Full name of third joint inventor, if any:	
Inventor's signature:	Date:
Residence:	
Post Office Address:	
Full name of fourth joint inventor, if any:	· · · · · · · · · · · · · · · · · · ·
Inventor's signature:	Date:
Residence:	
Post Office Address:	